

**Mono County
Community Development Department**

P.O. Box 347
Mammoth Lakes, CA 93546
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commdev@mono.ca.gov

Planning Division

P.O. Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**RECLAMATION PLAN
APPLICATION**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPLICANT/AGENT _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____

OWNER, if other than applicant _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____

PROPERTY DESCRIPTION:

Assessor's Parcel # _____ General Plan Designation _____

PROPOSED END LAND USE: Applicant should summarize and attach draft Reclamation Plan.
NOTE: An incomplete or inadequate project description may delay project processing.

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: ☐ legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), ☐ corporate officer(s) empowered to sign for the corporation, or ☐ owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Signature

Date